



## GUILFORD COUNTY

### EMERGENCY SERVICES

December 28, 1992

Walter L. Hannah, Trustee  
Ara/ Smith's  
301 N. Elm St.  
Greensboro, NC 27401

Dear Mr. Hannah:

This letter is to acknowledge your Notification of Tank Closure as received December 21, 1992 and filed as "Ara/Smith's". All future correspondence must contain the file name as well as address and county in the subject to ensure its receipt into our filing system.

The results of the required assessment (NCAC Title 15A Subchapter 2N Section .0803 and 40 CFR Part 280.72) should be submitted to this office no later than thirty (30) days after the tank is closed. If there is evidence of a release or suspected release, it must be reported within twenty-four (24) hours.

Also, please remember that to permanently close a tank, owners and operators must clean it by removing all liquids and accumulated sludges as required under 15A 2N .0802 and 40 CFR 280.71 and 280.72.

We will be conducting random site visits to ensure that underground storage tank closures are conducted as required in 15A 2N .0802 and .0803 and 40 CFR 280.71 and 280.72. Any violations documented may be submitted for enforcement action.

Enclosed is an attachment that is to be used for the information required for closure assessment. You may contact me at the letterhead address or (919) 373-7565 if you have any questions concerning these requirements.

Sincerely,

Kelly C. Gage  
Toxic and Health Hazard Specialist

cc:WSRO

Shield Environmental Assoc., Inc.

(GW/UST-3)

## Notice of Intent: UST Permanent Closure or Change-In-Service

FOR  
TANKS  
IN  
NC

## Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. (SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS).

State Use Only

I. D. Number

Date Received

## INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

## I. OWNERSHIP OF TANK(S)

Tank Owner Name: Walter L. Hannah, Trustee  
(Corporation, Individual, Public Agency, or Other Entity)Street Address: 301 North Elm StreetCounty: GUILFORDCity: Greensboro State: NC Zip Code: 27401Tele. No. (Area Code): 919-373-1600

## II. LOCATION OF TANK(S)

Facility Name or Company: Ara / Smith'sFacility ID # (if available) 0-010064Street Address or State Road: 6301 Burnt Poplar Rd.County: GUILFORD City: Greensboro Zip Code: 27409Tele. No. (Area Code): 919-294-4402

## III. CONTACT PERSON

Name: Tom Browner Job Title: Attorney Telephone Number: (919) 373-1600

## IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

## V. WORK TO BE PERFORMED BY:

(Contractor) Name: Shield Environmental Associates, Inc.Address: 2848 J-85 South, Sittett State: N.C. Zip Code: 28208Contact: Livian Lawrence Phone: 704-394-6913

## VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>10,000</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>	<u>500</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>3</u>	<u>500</u>	<u>Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

## VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Livian Lawrence - Shield Environmental  
Consultant\*Scheduled Removal Date: 1/21/93Signature: Livian M. LawrenceDate Submitted: 12/22/92

\*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.